GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:4454
ANSWERED ON:22.08.2001
FAMILY WELFARE PROGRAMME
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Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether implementation of the national family welfrare programme received a set back during 1995-2000;

(b) if so, the details thereof alongwith the reasons therefor?

(c) the action taken/proposed to be taken by the Government in this regard;

(d) whether some State Governments are diverting the funds provided under this programme to some other purposes in the State; and

(e) if so, the action taken/proposed to be taken against such State Governments?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR)

(a)to(c): No Sir. There has been a paradigm shift in 1996 when government renounced the method specific numerical targets and switched over to the quality services based on community demand.

Initially target-free quality services led to an immediate decrease in the figures due to removal of the practice of reporting of exaggerated performance.

However, changes in some important indices viz. Total Fertility Rate (TFR), Couple Protection Rate (CPR), Infant Mortality Rate (IMR and Maternal Mortality Rate (MMR), after 1995 are given in the following table:-

	1995	1998-1999
TFR	3.5	3.2 (1998)
CPR	45.8	48.2 (1998-99)
IMR	74	70 (1999)
MMR	408 (1997)	407 (1998)

This was followed by yet another shift in policy and programme. The Reproductive and Child Health (RCH) Programme was launched in October, 1997. The scope of the existing RCH Programme comprehensively include
(i) all components of the safe motherhood programme with the addition of interventions for Reproductive Tract Infection (RTI)/Sexually Transmitted Infection (STI);
(ii) a thrust on child survival, and
(iii) fertility regulation, with a focus on quality of care. The RCH initiative aims to reform the management of and improvement in services at central, state, district and sub-district levels. RCH programme seeks to attain health care at all times. It bridges gaps in earlier programmes by focusing on neglected geographical sectors (area project for poorly performing states and districts, and integrated projects for remote/border districts). It simultaneously focuses on segments of the population previously overlooked such as the urban slums, men, adolescents, etc.

Government has adopted National Population Policy, 2000 in February, 2000 which states three objectives.

The immediate objective of the National Population Policy is to address the unmet needs of contraception, health infrastructure, health personnel and to provide integrated service delivery for basic reproductive and child health care. The medium term objective is to bring the total fertility rates to replacement level by 2010, through vigorous implementation of inter sectoral operational strategies. The long term objective is to achieve a stable population by 2045, at a level consistent with the requirements of sustainable economic growth, social development and environmental protection. The policy lists National Socio-demographic goals to be achieved by 2010. It also enumerates 12 strategies with action plan. The Policy is being implemented.

(d)&(e): The amount diverted by States for activities other than Family Welfare Programme is not admissible and whenever such irregularities come to notice, the inadmissible amount is deducted from the amount payable to the States.